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Bib Data Sheet

CONFIRMATION NO. 7276

SERIAL NUMBER 10/804,436	FILING OR 371(c) DATE 03/19/2004 RULE	CLASS 424	GROUP ART UNIT 1657	ATTORNEY DOCKET NO. 068351.0144
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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/456,723 03/21/2003

**** FOREIGN APPLICATIONS ********No No*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **
 05/31/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 1	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

31625

TITLE

Keratinocyte-fibrocyte concomitant grafting for wound healing

FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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